

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME, AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

<p><i>patient stamp</i></p>				DATE OF ORDER	TIME OF ORDER	
				_____ HOURS		
				CIDOFOVIR ORDER SHEET – OutPatient		
			1.	Cidofovir _____ mg		
				Diluted in 100ml NS to infuse over 1 hour intravenously		
NURSING UNIT	ROOM NO.	BED NO.				
			2.	Low Dose Cidofovir for BK Polyoma Nephrolpathy		
<p><i>patient stamp</i></p>			a.	Induction (weekly x 2 doses): 0.25 – 1 mg/kg		
			b.	Maintenance (every 2-3 weeks): 0.25-1 mg/kg		
			c.	Test dose 0.25 mg/kg first week, then start induction		
				schedule above		
NURSING UNIT	ROOM NO.	BED NO.				
			3.	Pre Meds and Hydration		
<p><i>patient stamp</i></p>				DATE OF ORDER	TIME OF ORDER	
			a.	Probenecid dose of 2 grams, 3 hours prior to		
				Cidofovir dose and 1 gram 2 and 8 hours post infusion		
			b.	Normal Saline 1,000 ml over 1 hr prior to Cidofovir and		
				Normal Saline 1,000 ml over 1 hour concurrently with Cidofovir		
NURSING UNIT	ROOM NO.	BED NO.				
			c.	Normal Saline _____ ml/hr for _____ hours before Cidofovir		
				And for _____ hours during/after Cidofovir infusion.		
<p><i>patient stamp</i></p>				DATE OF ORDER	TIME OF ORDER	
				_____ HOURS		
			*	Cidofovir dose is Recommended for patients with normal		
				kidney fxn		
NURSING UNIT	ROOM NO.	BED NO.				

DA

FORM 1 APR 79

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REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED